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The Relationship Between Alcohol Consumption & Academic Performance Among Full-Time Students in Residence at Midland Lutheran College

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**THE RELATIONSHIP BETWEEN
ALCOHOL CONSUMPTION & ACADEMIC PERFORMANCE
AMONG FULL-TIME STUDENTS IN RESIDENCE
AT
MIDLAND LUTHERAN COLLEGE**

A Thesis

Presented to the

Department of Counseling

and the

Faculty of the Graduate College

In Partial Fulfillment

of the Requirements for the Degree

Master of Arts

University of Nebraska at Omaha

by

Bradford F. Lynch

May 1994

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THESIS ACCEPTANCE

Acceptance for the faculty of the Graduate
College, University of Nebraska, in partial
fulfillment of the requirements for the degree Master
of Arts, University of Nebraska at Omaha.

Committee

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Abstract

At the end of the 1992 spring semester, the full-time students residing on-campus at Midland Lutheran College in Fremont, Nebraska were asked to participate in a drug and alcohol survey to determine whether or not there was a relationship between alcohol consumption and academic performance. The Core Instrument was used for the survey. As part of the study, actual ACT composite scores and GPA's were encoded on each instrument in advance by the researcher. Of the 473 students living on-campus, 69% agreed to participate. Most of the participants were white (89.2%), almost half (45.2%) were freshmen, and a relatively even number were male (46.5%) and female (52.9%). The completed surveys were scanned at the University of Nebraska at Omaha for frequency distributions on all surveyed items. Specific items related to academic performance were then selected for analysis. The Pearson product-moment coefficient of correlation (r) and chi-square tests of significance were used to analyze the data at the .01 level. A t-test was done to determine the statistical significance of the difference between the means of

the self-reported and actual GPA's. The null hypothesis was rejected in 10 of the 15 sub-questions asked, as the results indicated that there was a significant correlation between the self-reported and actual GPA's ($r = .84$), however, a significant difference was found between the means ($t = -16.93$; frequency of binge drinking and poor tests ($r = .52$), missed classes ($r = .54$), and memory losses ($r = .46$); frequency of alcohol use and poor tests ($r = .46$), missed classes ($r = .55$), and memory losses ($r = .44$); and amounts of alcohol consumed/week and poor tests ($r = .52$), missed classes ($r = .49$), and memory losses ($r = .44$). The results indicated that there was not a significant correlation between the self-reported age alcohol was first used and ACT scores ($r = -.01$); age alcohol was first used and GPA's ($r = .06$); frequency of bingeing and GPA's ($r = -.09$); frequency of alcohol use and GPA's ($r = .05$); and amounts of alcohol consumed/week and GPA's ($r = -.09$). Overall, it was perceived that most of the students at Midland drink alcohol, 49% drink in the residence halls, only 7% said they never used alcohol, and 70% thought alcohol use at parties increased their enjoyment and often lead to positive situations.

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- * My thesis committee, Dr. Scott Harrington and Dr. Dave Hunnicutt,
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- * Mr. Frank Hartranft, UNO Campus Computing,
- * The faculty and staff at Midland,
- * The Student Services and Residence Life staff at Midland,
- * The Midland students who participated in the study,
- * And most of all my family and friends.

THANK YOU ALL VERY MUCH!!!

Dedication

This Work Is Dedicated To
The Loving Memories I Have Of
My Father

Maurice F. Lynch

May 7, 1930 - November 28, 1992

&

My mother, Dorothy; sister, Christie; and niece,
Chelsea. You all mean the world to me.

I LOVE YOU ALL VERY MUCH!!!

TABLE OF CONTENTS

CHAPTER	PAGE
I. INTRODUCTION	1
Purpose and Significance of the Study .	4
Delimitations	8
Procedures	8
Definition of Key Terms	10
Organization of the Report	11
II. LITERATURE REVIEW	13
Introduction	13
History of the Problem	15
Theoretical Models	17
Consumption Rates	18
Attitudes, Perceptions, Beliefs,	
Definitions & Consequences	22
Summary	31
III. METHODOLOGY	33
Instrument	33
Population	35
Procedures	35
Data Analysis	37
Validity	38

IV. PRESENTATION AND ANALYSIS OF DATA	39
Introduction	39
Demographics	40
Perceptions and Knowledge	42
Where Alcohol Is Used	43
Selected Findings and Analysis	43
V. DISCUSSION	61
Summary	61
Conclusions	62
Recommendations	65
REFERENCES	69
APPENDICES	73
A. The Core Instrument	73
B. The RA Floor Meetings Schedule	74
C. The Informed Consent Form	75
D. The Proposed Residence Life Committee ..	76

Chapter 1

Introduction

While the use of drugs and alcohol is not a new issue on most college and university campuses across the United States, it is an issue that has been given a great deal of attention with the enactment of the Drug Free Schools and Communities Act of 1989. The Act, Public Law 101-226, requires all institutions of higher education to adopt and implement policies and programs to prevent the unlawful possession, use, or distribution of illicit drugs and alcohol by students and employees in order to receive funds or any form of financial aid under any Federal program (U.S. Department of Education, 1990).

Recent research has shown that the consumption of alcohol among college students has had a history of being higher than any other single population in the United States (Gonzalez & Broughton, 1986), and as many as 1.1 million young adults may be problem drinkers (Werch, Gorman, & Marty, 1987). According to the final report of the National Commission on Drug-Free Schools (1990), 91% of the high school seniors surveyed and 94% of the college students surveyed reported that they had used alcohol. The report also found 33% of the high school seniors to have had five

or more drinks in a row within the previous month and 42% of the college students indicating they had drank five or more drinks in a row within the previous two weeks of the survey.

In recognition of this serious problem facing today's generation and threatening our nations future, Midland Lutheran College in Fremont, Nebraska has implemented a drug and alcohol policy which is more stringent than the current federal regulations. The current Midland Drug and Alcohol Policy, which is published yearly in Midland's Student Handbook & Calendar, not only prohibits the illegal possession, use, or distribution of drugs and alcohol as is required, but also strictly prohibits the legal use, possession or distribution of alcohol on-campus or at any college sponsored activity. While the college does not seek to dictate personal lifestyles, it does encourage a temperate posture toward the legal use of alcohol off-campus. Alcohol related complaints and/or police reports from the community involving Midland students are followed up on by the Dean of Students who may take disciplinary action on a case by case basis.

As an academic institution, Midland's goal is to alleviate the problem of illegal drug and alcohol use

in a manner that educates rather than punishes. However, those who violate the policy are faced with strict sanctions such as fines, disciplinary probation, residence hall eviction, suspension or dismissal from the college. Knowledgeable association in an environment where illegal substances and/or alcohol is being used on-campus is also grounds for disciplinary action by the college.

Individuals who violate the drug and alcohol policy at Midland are required to attend a drug and alcohol awareness class at an approved federal, state or local health care agency. Currently, these classes are being conducted by the Independence Center in Lincoln, Nebraska. During the 1991-1992 academic school year at Midland, 27 individuals were required to attend the class due to alcohol related incidents within the residence halls on-campus. This figure represents approximately 5% of the residential population, or approximately 2.5% of the total enrollment at Midland. While these figures are low, there is a high probability that the actual number of students drinking alcohol at Midland may be significantly greater based on the final report of the National Commission on Drug-Free Schools (1990).

According to the results of a nationwide "College

Alcohol Survey" on administrator's perceptions of alcohol-related problems conducted by Gadaleta and Anderson (1986), it is believed that 41% of the cases of students experiencing a lack of academic success involve alcohol. In fact, "nearly 7% of college freshmen dropouts do so as a result of drinking" and "alcohol is a factor in 21% of all dropouts" (Lund, 1992, p. 4). Therefore, as educators, we need to continuously provide students with specific information on how the use of drugs and alcohol can effect their young "academic" lives "now" as well as how the continued use of such substances can affect their health in the future as mature adults.

The intent of this study was to assess the current usage and perceptions about the use of drugs, alcohol and tobacco at Midland College as well as research the specific relationship between alcohol consumption and academic performance.

Purpose and Significance of the Study

The purpose of this study was to determine the relationship between self-reported alcohol consumption and academic performance among students at Midland Lutheran College. Full-time students residing on-campus were asked to participate in this study, and the majority were under Nebraska's current legal

drinking age of 21. Full-time students under 21 years of age are required to reside on-campus unless they are approved to live off-campus by the Dean of Students.

The students who reside on-campus, as well as the institution as a whole, will benefit from the results of this study. The information gained from this study may be used to show continuing and new students at Midland that the use of alcohol on-campus or at college sponsored activities is not only against the law, if under 21 years of age, and a violation of college policy, but that it may also have a serious negative effect on their academic careers at Midland. Thus, the results could also be very useful in the overall retention efforts of the college.

As with most colleges and universities across the United States today, the retention of students at Midland from year to year and through graduation is an ongoing effort which is vital to the institution's future. According to the Evangelical Lutheran Church in America, Division for Higher Education, (1992), the average yearly retention rate and graduation rates at Midland were the lowest averages among all other Lutheran colleges and universities in America. It was reported that an average of 65.9% of the students at

Midland return the second year, 53% the third year and 47.7% the fourth year, compared to overall averages of 74.4%, 62.6% and 57.5% respectively. It was also reported that the average number of students who graduate from Midland in four years is 36.1% and in five years is 41.6%, compared to overall averages of 49.5% and 55.4% respectively. Thus, the results of this study may be used in conjunction with current retention efforts to make an improvement in the retention and graduation rates at Midland.

The null hypothesis to be tested is: There is no significant relationship between the self-reported amount of alcohol consumed and academic performance among full-time students in residence at Midland Lutheran College.

The following sub-questions will be answered:

1. Is there a significant correlation between self-reported grade point averages (GPA's) and actual GPA's?
2. Is there a significant correlation between the self-reported age at which alcohol was first used and (a) ACT scores and/or (b) GPA's?
3. Is there a significant correlation between self-reported frequency of binge drinking over the last two weeks prior to the survey and (a) GPA's, (b)

frequency of poor test performances, (c) frequency of missed classes, and/or (d) frequency of memory losses?

4. Is there a significant correlation between the self-reported frequency of alcohol use and (a) GPA's, (b) frequency of poor test performances, (c) frequency of missed classes, and/or (d) frequency of memory losses?

5. Is there a significant correlation between the amount of alcohol consumed/week and (a) GPA's, (b) frequency of poor test performances, (c) frequency of missed classes, and/or (d) frequency of memory losses?

Delimitations

The subjects in this study were full-time students residing on-campus during the spring 1992 semester at Midland Lutheran College. Midland is a private four-year liberal arts institution located in Fremont, Nebraska. The number of students in residence at the time of the survey was 473, which did not include the 23 Resident Assistants (RA's).

The data used in this study was self-reported, with the exception of the actual GPA's and composite ACT scores which were obtained from the College Registrar and encoded at the top of each survey form.

All of the students who decided to participate in this study volunteered to do so at their final floor

meeting of the semester/year. The times for each of the floor meetings were posted in advance on each floor; however, work, class and personal conflicts affected overall attendance figures.

Procedures

A 20 section "Core Instrument" (appendix A) was used to collect the data for this study over a two week period beginning April 22nd and ending May 7th (appendix B). During this period, the Core Instrument was distributed at regularly scheduled Resident Assistant (RA) floor meetings in each of the five residence halls at Midland. The RA's assisted the researcher in the administration of the survey and witnessed each subject's consent form.

Along with the Core Instrument, each student subject was provided with an Informed Consent Form (appendix C). The consent form was verbally reviewed by the researcher at each floor meeting before the surveys were distributed to ensure each subject understood the purpose, procedures, risks and benefits of the study. Because actual GPA's and ACT scores were encoded on each Core Instrument for statistical purposes, it was stressed that the survey was voluntary, anonymous and confidential. A copy of the

signed and witnessed consent form was provided for each participant to keep.

Completed surveys were collected along with the signed and witnessed consent forms by the RA's of each floor and placed into separate boxes to ensure anonymity of each subject. The surveys and consent forms were counted to confirm an equal number of each, and the consent forms were signed by the researcher and the RA who served as a witness to the event.

The surveys were scanned to determine basic frequencies for each question asked on the survey. Further statistical analysis was conducted to arrive at the final results, conclusions and recommendations of this study.

Definition of Key Terms

Several terms in this report are used in particular ways as they apply to Midland Lutheran College and the Core Instrument used to collect the data for the study. These terms are defined as follows:

1. Full-time: Students enrolled in a minimum of 12 credit hours per semester.
2. Binge drinking: The consumption of five (5) or more drinks in a row at a sitting, at which

physical and mental performance abilities are unstable.

3. A Drink: May consist of a bottle of beer, a glass of wine, a wine cooler, a shot of liquor or a mixed drink.

4. Resident Assistant (RA): A full-time student who is assigned to a floor in a residence hall as a para-professional responsible for assisting the Residence Hall Director (RHD) in the overall management of the hall.

5. Grade Point Average (GPA): A cumulative figure for each student calculated by averaging grades earned in all Midland College classes completed by the student.

6. American College Test (ACT) Program: Test given to high school students planning to attend college, which assesses a students academic strengths in the areas of English, Math, Reading and Science. The composite score, based on the scores earned in each area of the test, is the ACT figure used in this study.

Organization of the Report

The introduction, purpose and significance of the study, delimitations, procedures and definitions of key terms are included in this chapter. A review of

current related literature and research is contained in Chapter 2. The procedures used to gather data and analysis of the data collected in the survey is described in Chapter 3. Chapter 4 contains the findings of this study. The summary, conclusions and recommendations for further research are in Chapter 5.

Chapter 2

Literature Review

Alcohol is a drug which acts as a central nervous system depressant when consumed. Individuals who drink moderate levels of alcohol may experience the following physical effects: feeling flush, dizziness, dulling of senses, and impairment of coordination, reflexes, judgement and memory. Those who drink larger quantities over a longer period of time may experience more severe physical effects such as malnutrition, damage to the liver, heart, pancreas, stomach, immune system, and/or irreversible damage to the nervous system or brain which may lead to death (Anderson, 1986). The amount of alcohol consumed on each occasion can also have a negative affect on one's cognitive abilities, coordination, emotions and sensorimotor process (Macdonald, 1984). The greater the amount, the greater the cognitive impairment will be (Gross, 1983). After being intoxicated, school and family functions are also less likely to be optimal during hangovers, which may consist of fatigue, headache, and acute gastritis (Macdonald, 1984).

According to Anderson, Wallace, and Jones (1988), "as many as half the heavy drinkers in alcohol treatment units can be shown to have significant

disabilities of cognition and memory despite apparently normal mental state," and their "age and drinking history increase the degree of impairment" (p. 23). Many long-term alcoholics may develop an amnesic syndrome called the Wernicke-Korsakoff syndrome, which is a condition consisting of confusion, ataxia, nystagmus, ophthalmoplegia, and peripheral neuropathy related to decreased levels of the vitamin thiamine (Macdonald, 1984).

With this in mind, it is apparent that the consumption of alcohol among high school and college students has the potential of being a very serious problem, as the ability to think and remember is essential to academic success. Do college bound students who begin drinking in or before high school receive lower ACT scores and have lower college GPA's? Does the amount and frequency of alcohol consumed by college students affect their academic performance?

This chapter will review the history of underage drinking, related theoretical models, current consumption rates for high school and college students, and their attitudes, perceptions, beliefs and definitions about alcohol usage and consequences.

History of the Problem

Throughout America's history, alcohol abuse has been an issue of great concern which has prompted our society to attempt several possible solutions over the years. Such solutions have ranged from flogging individuals for getting drunk during the Colonial years to making alcohol illegal during the Prohibition years of 1920-1933. Unfortunately, such attempts did not reduce alcohol abuse in our society and instead there has been a significant increase in the number of alcohol drinkers, young and old, in America since 1940 (Goodale, 1986).

Since the late 1960's, there has been a movement toward the prevention of alcohol abuse within the American system of higher education. A national consensus, however, on the use and misuse of alcohol has not yet been reached among institutions of higher education (Goodale, 1986). According to Goodale (1986, p. 15), each "academic community" needs to develop "concrete" programs to address this important issue now as the "indications are that student drinking is here to stay" (p. 14).

Since 1980, several public awareness movements, including Mothers Against Drunk Driving (MADD) and Students Against Drunk Driving (SADD), have focussed

their attention on the life threatening dangers that are associated with alcohol misuse. These very direct movements, along with general health and wellness promotions, have helped society develop a set of standards for acceptable alcohol usage in relationship to one's personal health, work, safety, family and the law.

During the 1980's, three federal laws were enacted in response to America's growing concern over drug and alcohol abuse among the nation's teens and young adults. In 1984, the National Minimum Drinking Age Act required all states to raise their drinking age to 21 in order to qualify for federal highway funds. In 1988, the Drug-Free Workplace Act became public law 100-690, title V, subtitle D. In 1989, the Drug-Free Schools and Communities Act became public law 101-226, which included all institutions of higher education receiving any federal financial assistance.

Theoretical Models

According to Hansen (1990), there are two theoretical models relevant to addressing the drug and alcohol issue among college and university students from a social ecological standpoint: The Social Influence Model and The Life Stress Model. The first model focuses on behavioral norms and normative

beliefs which exist on-campus, and how campus leaders can affect students perceptions of what is and is not an acceptable use of such substances. The second model focuses on the everyday stresses of college life, both personal and academic, and how campus leaders can provide the social support students need to survive problematic situations without drugs or alcohol.

Combining these two theories, Hansen (1990) has developed the "social ecology theory" of drug and alcohol prevention guidelines for colleges and universities. His theory suggests that campus "power holders may effectively establish conservative behavioral norms and normative beliefs among individuals in the groups they represent which, in turn, will reduce the onset of alcohol and drug use" (p. 7). The following steps are recommended by Hansen (1990) for developing a social ecology prevention program:

1. Identify the power holders on-campus at all levels, the degree of social power they have and their position on drug and alcohol issues.
2. Identify the potential roles the power holders may have for setting norms and providing social support.

3. Identify the level of drug and alcohol use, normative beliefs and resource needs among the constituents of each group by survey.

4. Base strategies on available resources.

5. Implement programs and evaluate them.

Consumption Rates

The movements and laws aimed at preventing or reducing alcohol abuse or illegal misuse in our society have succeeded in reducing the number of alcohol related traffic deaths among teens by 39%, alcohol consumption among high school students by 18% and college students by 7% since 1982 (Clark, 1992). A national study done of high school seniors by Johnston, Bachman, and O'Malley (1982) found 92.4% of the college-bound seniors had used alcohol, 22% felt they would be putting themselves at risk by having one or two drinks per day and 36% felt there would be a greater risk involved if they had five or more drinks once or twice every weekend. Drinking one or two drinks on a daily basis was disapproved by 70% of the seniors; however, 30% said that most or all of their friends get drunk at least once a week.

Despite the recent signs of progress, over 50% of the nation's teenagers have used alcohol within the past year (Clark, 1992). In 1991, 54% of the 8th

graders, 72.3% of the 10th graders, and 77.7% of the 12th graders in America used alcohol (Alcoholism and Drug Abuse Council of Nebraska, 1992). According to the results of a national study of high school seniors done by Johnston, O'Malley and Bachman (1991), the most noteworthy trend currently is the widespread binge drinking among high school seniors and college students, 32% and 41% respectively. In a 1990 survey of 58,000 students at 78 colleges across the nation, it was found that 46% of the students in the North Central region, which includes Nebraska, binged at least once during the last two weeks and 20% at least three times (Cage, 1993).

According to the Alcoholism and Drug Abuse Council of Nebraska (1989), 39.5% of males and 28.8% of females age 17+ who were surveyed in Nebraska in 1988 reported binge drinking at least once during the two weeks before the survey. The survey also indicated little change in the number of males (42%) and females (33%) age 17+, between 1982-1988, who drank to obtain a "high" at least 50% of the time.

While the figures related to alcohol consumption among high school age students is alarming, the amount of alcohol consumed by college students is even greater. Lund (1991) reports "only 11% of our student

body will refrain from drinking" and "the proportion of heavy-drinking students jumps sharply from the senior year in high school to the freshman year of college" (p. 4). The growing trend among college students is to get drunk when drinking. The results of Lund's 1991 study indicated that between 53%-84% of college students get drunk at least once a year and 41% of the college students surveyed binged on alcohol within the two weeks prior to his study.

Tryon (1992) surveyed 366 undergraduates in 1983 and 288 undergraduates in 1988 at Fordham University and found the number of students who had consumed alcohol had gone down slightly from 92% to 90%. The results of this study also indicated that the number of students who drank during the week before the survey went down from 81% to 72%. However, the average number of drinks/week for men and women who did drink during the week before the survey remained constant at 18/week and 9/week respectively.

Gonzalez (1991), in a similar study, reported a more significant drop, 86% to 78%, in the number of student drinkers at the University of Florida between 1983 and 1988. Less significant, however, was the change in the average number of drinks the students

consumed/month, which went from 24.78 in 1983 to 22.24 in 1988.

Davis and Hunnicutt (1991) surveyed 1669 students enrolled in public four-year colleges and universities in the state of Nebraska. The results of their study indicated that 90% of the students 18 to 25 years old had consumed alcohol, and 64% of the males and 42% of the females under 21 binged within two weeks of the study.

Attitudes, Perceptions, Beliefs, Definitions and Consequences

It is encouraging to see a decrease in the number of students who consume alcohol. However, it is still very clear that the majority of the nation's high school and college students are continuing to drink alcohol, despite the higher legal drinking age of 21 which has been in place in all 50 states since 1987 (Clark, 1992).

Goodale (1986) cited the following attitudes of college students from a 1984 study done by the Miller Brewing Co.:

1. Drinking on campus is seen as very positive, social and natural part of the college experience.

2. The percent of irresponsible drinkers is small and of no real concern to student leaders and heavy drinkers.

3. Vandalism and accidents were the primary concerns of administrators, who also noted little real support to effect institutional changes.

4. The incidence and amount of drinking are considered to be about the same or more by students.

5. Most students feel that awareness groups such as MADD have had little direct impact on college drinking.

6. Greater awareness of laws and penalties has led to less drunk driving.

Klein (1992), surveyed 526 on-campus students at a mid-sized, private, midwestern university about why students drink in college. The results of the study indicated the two main reasons why students drink in college were (a) to celebrate a special occasion and (b) because they enjoyed the taste of alcohol. It was also noted that fraternity and sorority members were more likely to drink than their non-Greek counterparts, male students cited more reasons for drinking than female students, students living in a fraternity/sorority house were more likely to drink than those living in the residence halls or on-campus

apartments, and as students progress in college they drink less to feel comfortable around others or to relieve boredom.

[E] In the same study, Klein (1992) also surveyed the student's attitudes toward the use of alcohol and alcohol-related problems they may have personally experienced in college. The results indicated the number one alcohol-related problem to be hangovers, with 47.4% experiencing this problem. It was also noted that 20% of those who drank missed class because they didn't feel well after drinking, 44.9% drank to relieve depression and 37.3% experienced a blackout as a result of drinking.

The following conclusions were made from Klein's 1992 study regarding the student's attitudes and beliefs about drinking:

1. Most students are in favor of responsible drinking practices, such as providing non-alcoholic beverages at parties, accepting non-drinkers, drinking and driving is unacceptable, drinking does not make sex better, and you do not have to drink to be a "real man."

2. Men are more apt to be less responsible drinkers and adhere to maladaptive and potentially damaging beliefs.

3. Fraternity and sorority members are also apt to be less responsible drinkers than non-Greek peers.

4. Students with higher GPA's are less likely to think getting drunk is a harmless way to have fun and are more likely to be responsible drinkers.

5. As students advance in college they are more likely to believe that it is ok to say no to a drink, and less likely to believe that people should be able to drink as much as they want as long as they don't harm anyone else and that drinking makes sex more enjoyable.

Burrell (1992), randomly surveyed 552 students at the University of Vermont on their perceptions of alcohol consumption. He reported that 92% of the respondents had consumed alcohol, 71% started drinking in high school and only 9% had their first drink with a college friend. He also reported that 58% of the students in his study perceived themselves as lighter and more occasional drinkers than their friends, and 36% felt they had three or more friends who abused alcohol. The majority, 83%, reported that they were not concerned about how much they drank; however, 49% had a memory loss, 40% had passed out, 47% had become

disoriented, 37% had missed classes, and 13% had received lower grades due to drinking.

While many of the students who drink in college may feel it is the socially acceptable thing to do in college, and it is the other guy who may have a problem with drinking, such consequences could lead to the end of any students college career prematurely. Students who deny and/or are reluctant to admit they are part of the problem make it difficult to change the overall drinking behaviors and perceptions of alcohol use/misuse on college campuses (Burrell, 1992).

The results of a study by Davis and Hunnicutt (1991) of public four-year institutions in Nebraska found 75% of the males and 81% of the females under 21 believing that all or most of the students used alcohol. The following consequences related to academics were also noted in their study: 26.7% of the males/21.4 % of the females performed poorly on a test or important project; 47.9%/30.8% missed a class; and 35.8%/27.9% had a memory loss.

Engwall and Goldstein (1990) found that most college student's definitions of problem drinking and social drinking differ significantly from clinical definitions. Student's definitions are largely based

on context, such as the number of drinks consumed in a particular setting, whereas clinical definitions are focused more on the effects of alcohol on the body. According to the results of their study, students identified a person who drank 5.8 drinks/day as a problem drinker, while a social drinker was one who could drink 5 drinks in a party setting and be socially accepted.

In a discussion with the students in their study, Engwall and Goldstein (1990) found that many of the students associated problem drinking with "escape drinking" rather than drinking that causes problems, and a low level of self-identification with problem drinking was found where the males felt the females were problem drinkers and vice versa.

Helping college students explore and change their attitudes, definitions and perceptions about alcohol today may help drinkers accept responsibility for their behavior as well as prevent future problems related to alcohol use and abuse during their college experience and after. According to Engle (1990), colleges have a responsibility for education, including alcohol and drug education.

Educating students about the physical dangers and problems that are associated with alcohol abuse in

college is worthwhile, however it alone does not address why students use alcohol in the first place, and whether or not there are alternative activities that could produce the same feelings they get from drinking (Goodwin, 1990). Unlike other recreational drugs such as marijuana, which are often taken for more personal reasons, prevention efforts should address the social motivations college students have for drinking, especially since alcohol is the overwhelming drug of choice on college campuses today (Haden & Edmundson, 1991).

Social and psychological predictors of alcohol consumption on a college campus were the focus of a study by Goodwin (1990) at the Worcester Polytechnic Institute, as a step toward creating such activities that will meet the student's social needs without alcohol. The results of Goodwin's 1990 study showed that the main reasons why students drink are because (a) they need to release tension, (b) they want to meet new people, especially those of the opposite sex, (c) they want to belong to a fraternity or sorority, (d) there is a low level of campus activities, and/or (e) they are having academic problems. His findings also indicated that women, freshmen, light drinkers

and independent students might be more receptive to non-alcoholic activities.

In a study of alcohol use by college seniors, Cherry (1991) found that 93% of the males and 91% of the females drank alcohol infrequently. His results indicated that students who have a stronger social bond with their college are less likely to be heavy drinkers. Attitudes of family and religious bonds can affect student's drinking behaviors and decisions as well.

Coming to an understanding of the social needs of students is only the first step. Developing activities that will meet such needs as attractively as alcohol currently does for many students is next, which may be easier said than done. Student involvement in the process, from beginning to end, can help make non-alcoholic programming successful however (Goodwin, 1990). Therefore, we should not assume that deciding whether or not to drink is purely an individual choice among college students, but that it is more likely to be a social decision based on the ecological circumstances to which they are or have been exposed to (Cherry, 1991).

According to Presley and Meilman (1992), a recent survey of over 56,000 college students across the

country by Southern Illinois University-Carbondale confirmed the results of a 1989 opinion poll of college presidents in which 45% cited substance abuse as the campus-life issue of greatest concern. The results of this self-reported survey found 63% had experienced a hangover within the last year, 22% had more than five hangovers in the last year, 50% had become nauseated or vomited, 36% had driven while intoxicated, 33% had fights or arguments, 28% had experienced memory loss, 39% had later regretted their actions, 42% had engaged in binge drinking episodes in a single two week period before the survey, 28% had binged more than once in last two weeks, 7% had binged more than five times in last two weeks, 35.9% of the women had binged within last two weeks, the average number of drinks/week for all students was 5.11, 92.8% of all students were not involved in prevention efforts, and students who drank less/week had better GPA's. Table 1 shows the relationship between the number of drinks consumed/week and GPA's of the participants in Presley and Meilman's 1992 study.

Table 1

Participant's Number of Drinks/Week and GPA

Number of Drinks/Week	GPA
3.45	A
4.95	B
6.77	C
10.87	D/F

Summary

The use alcohol has become a major societal problem in higher education over the last 25 years, with consequences impacting retention, academic success and health of our college students. As a college administrator at Midland College, it is clear that preventing drug and alcohol use will be very challenging on today's campus. However, the consequences are far too great for the individual students as well as the institution not to take immediate action. The purpose of this study is to gain information about the levels of drug and alcohol use at Midland and specifically show how the use of alcohol is affecting the academic achievement of Midland students.

The review of literature has shown that a significant number of students begin drinking alcohol early in their lives and that the number of heavy drinkers is on the rise. It has also shown that alcohol use does have an affect on one's memory, which is essential for academic success. Therefore, this study will look at both the ACT score from high school and the current college GPA of each student to determine if duration of alcohol use has had any long term affects on their memory and academic performance at each level of schooling. The short-term affects of binge drinking, frequency of drinking and amounts of alcohol consumed/week on academics will also be assessed. The overall results of this study will hopefully provide a solid framework for the successful development of an alcohol prevention program involving leaders from all levels of the campus.

Chapter 3

Methodology

Survey Instrument

The survey instrument used in this study is the Core Instrument, which was developed to facilitate research into the nature, scope and consequences of drug and alcohol use on individual campuses of various size, demographics and structure (Presley, Harrold, Scouten, and Lyerla 1990). The questionnaire was developed by a committee representing six institutions. It was designed to be uniformly comparable, easy to use (can be completed in 15 minutes by most students) and appropriate for postsecondary populations. According to R. Lyerla (personal communication, April 6, 1994), the Core Instrument has been administered by approximately 50% of all institutions of higher education in the United States to over one million students, and it has also been used by several other large organizations, including the United States Navy, to gather drug and alcohol usage data.

The committee who developed the Core Instrument, after a thorough review of existing instruments and literature related to the use of drugs and alcohol, had a final interrater agreement for items on the

survey of .90, and test-retest results for selected sections of the Core Instrument show a high level of consistency (Presley et al., 1990). The test-retest Pearson product-moment correlation coefficients (r) for questions 16-18 in relationship to alcohol usage were as follows:

16. Age of First Use ($r = .95$).

17. Use Within Last Year ($r = .98$).

18. Thoughts About Student Use On-Campus
($r = .79$).

The test-retest correlations for question 20, on the use of drugs or alcohol and the frequency of related side effects, were as follows:

20a. Hangover ($r = .92$).

b. Poor Test ($r = .62$).

h. Missed a Class ($r = .86$).

k. Memory Loss ($r = .59$).

This data indicates that the Core Instrument is a stable and reliable instrument, which is commonly used for drug and alcohol surveys in higher education today.

Population

The students asked to participate in this study were full-time students residing on-campus in five residence halls during the 1992 spring semester at

Midland Lutheran College. Located in Fremont, Nebraska, Midland is a private four-year liberal arts institution with a total enrollment of approximately 1000 students. The number of students residing on-campus at the time of the survey was 473.

Procedures

The Core Instrument was distributed at the last regularly scheduled monthly RA floor meetings in each of the five residence halls. The RA's on-campus assisted the researcher with the administration of the survey and witnessed the signing of each student's consent form who agreed to participate in the study.

The actual composite ACT score and current cumulative college GPA of each potential subject was encoded on the instrument by the researcher in advance. This information was obtained from the Registrar's Office.

Each potential subject was given an Informed Consent Form prior to participating in the study. The form was verbally reviewed by the researcher to ensure each student understood the purpose, procedures, risks and benefits of the study. It was stressed that the survey was purely voluntary, anonymous and strictly confidential because of the sensitive nature of the study and actual ACT scores and GPA's used.

Completed surveys were collected along with the signed consent forms from each subject by his/her RA. The surveys and consent forms were placed into separate boxes to ensure anonymity, and each subject was provided with a copy of the consent form. The surveys and consent forms were counted to ensure a equal number of each was accounted for. The consent forms were then signed by the researcher and the RA who served as a witness to the event.

After all the floor meetings had been conducted, the completed surveys were optically scanned by the University of Nebraska at Omaha Computer Center for frequency distributions on all surveyed items. Items on the survey related to academic performance were selected for analysis by the researcher to arrive at the final results, conclusions and recommendations related to this study.

Data Analysis

In order to reject or support the null hypothesis of this study, several statistical tests of significance were conducted to analyze the data. Because of the sensitive nature of this study and the fact that the majority of the data used was self-reported, the .01 level of significance was selected to minimize the risk of a "Type I" error due to

sampling--the rejection of the null hypothesis when it is really true (Best & Kahn, 1986).

The Pearson product-moment coefficient of correlation (r), which is the most common and precise measure of the strength of the linear relationship of two variables, was used to determine whether or not a significant correlation existed for each sub-question of this study (Best & Kahn, 1986).

For sub-question 1, a t-test, which tests the significance of the difference between two means, was also done to confirm the statistical significance of the relationship between self-reported and actual GPA's (Best & Kahn, 1986).

For sub-questions 3-5, the chi-square test, which is a test of independence between two discrete variables with "counted" values, was also done to confirm the statistical significance of the relationships between the self-reported "frequencies" for the specific variables considered in each question (Best & Kahn, 1986).

Validity

The results of this study are largely based on the self-reported responses to the questions presented on the Core Instrument. Because of the sensitive nature of this study, some reporting bias probably

exists and the data gathered may reflect lower figures than what actually exists (Davis and Hunnicutt, 1991).

While there was no direct and/or objective validation of the responses to drug and alcohol related items on the survey, the researcher attempted to develop a trusting relationship/environment at each floor meeting whereby a consistent set of procedures were followed, including an explanation of the purpose of the study, and where confidentiality was both stressed and evident to the students. However, the results of a t-test between the means of the self-reported and actual GPA's used in this study, which strongly suggest that socially desirable responses may have been given throughout the survey, and the lack of randomness in this study leave some question as to its overall validity.

Chapter 4

Presentation and Analysis of Data

Between April 22nd and May 7th in 1992, the students living on-campus at Midland Lutheran College were asked to participate in a drug and alcohol survey during their regularly scheduled monthly floor meetings with their RA's. It was explained to the students by this researcher that the survey was purely voluntary, anonymous, confidential and that the purpose of the study was to assess whether or not there was a significant correlation between academic performance and the use of alcohol. Of the possible 473 students in residence at the time of the survey, 325 (69%) agreed to participate in the study, 2 females' and 4 males (1%) decided not to participate in the survey, and 142 (30%) were absent from their floor meetings.

The Core Instrument (appendix A) was used for this study, along with actual ACT composite scores and college cumulative GPA's which were encoded on each questionnaire in advance. The surveys were optically scanned by the University of Nebraska at Omaha Computer Center for frequency distributions on each of the surveyed items. Specific alcohol and academic

related items were selected for analysis in this study however.

This chapter will present the demographic make-up of the survey participants, perceptions of alcohol use on-campus, knowledge of campus policies/programs, where the students drink alcohol, the selected findings of this study and an analysis of the data. The Pearson product-moment coefficient (r) and the chi-square test ($p < .01$) were used to test the significance of the results. A t-test was also done to determine whether or not there was a significant difference between the self-reported and actual GPA's in this study.

Demographics

The demographics of those who participated in this study are presented Tables 2-4.

Table 2

Ethnic Origin of Participants

Ethnic Origin	Number	Percent
American Indian/Alaskan	2	.6
Hispanic	4	1.2
Asian/Pacific Islander	6	1.8
White	290	89.2
Black	15	4.6
Other	5	1.5
Missing	3	.9

Table 3

Gender of Participants

Gender	Number	Percent
Male	151	46.5
Female	172	52.9
Missing	2	.6

Table 4

Classification of Participants

Classification	Number	Percent
Freshman	147	45.2
Sophomore	93	28.6
Junior	57	17.5
Senior	27	8.3
Missing	1	.3

Table 2 shows that most of the participants were white (89.2%), Table 2 shows that a relatively even number of the participants were males (46.5%) and females (52.9%), and Table 4 shows that approximately half (45.2%) were freshmen. Of all the students who participated in this study, 77% were under the legal drinking age of 21.

Perceptions and Knowledge

The participant's perceptions of alcohol use at Midland are shown in Table 5.

Table 5

Participant's Perceptions of Alcohol Use

Number Who Use	Frequency	Percent
None	1	.3
A Few	1	.3
Several	7	2.2
Many	58	17.8
Most	240	73.8
All	14	4.3
Missing	4	1.2

Table 5 shows that a high number, 73.8%, of the participants think that "most" of the students at Midland use alcohol. The results of the survey also indicated that 70% thought that alcohol should be available at parties on and around campus. However, 89% thought that other drugs should not be made available at such parties, which indicates that alcohol is clearly the drug of choice at Midland.

Nearly all of the students surveyed, 98%, were aware of Midland's drug and alcohol policy, and 88% thought it was being enforced. However, 46% did not know if the college had a drug and alcohol prevention

program, and 86% said they were not involved in any such activities themselves.

Where Alcohol Is Used

The results of this study found that 7% of students surveyed said they never used alcohol. The majority, 78%, indicated that they used alcohol off-campus; however, nearly half, 49%, said they have also used alcohol in their residence hall. Over half, 55%, said they had drunk alcohol in a car as well.

Selected Findings and Analysis

The purpose of this study was to determine if there was a significant relationship between alcohol use and academic performance among students in residence at Midland. The following questions were selected for this study:

1. Is there a significant correlation between self-reported GPA's and actual GPA's?
2. Is there a significant correlation between the self-reported age alcohol was first used and (a) ACT scores and/or (b) GPA's?
3. Is there a significant correlation between self-reported frequency of binge drinking over the last two weeks prior to the survey and the student's GPA's, frequency of poor test performances, missed classes, and memory losses?

4. Is there a significant correlation between self-reported frequency of alcohol use and the student's GPA's, frequency of poor test performances, missed classes, and memory losses?

5. Is there a significant correlation between self-reported amounts of alcohol consumed/week and student's GPA's, frequency of poor test performances, missed classes, and memory losses?

Tables 6-31 contain the specific findings related to each question in this study.

Question 1: Is there a significant correlation between self-reported GPA's and actual GPA's?

The average actual GPA for the participants in this study was 2.87, and the average self-reported GPA was 3.23 on a 4.0 scale. Table 6 shows the correlation between these two variables, and Table 7 shows the significance of the difference between the two means.

Table 6

Correlation (r) Between Self-reported and Actual GPA's

Variables	r	Significance
Self-reported & Actual GPA's	.84	.01 (2-tailed)

Table 7

Mean Difference Between Self-reported and Actual GPA's

Variables	t	DF	Significance
Self-report & Actual GPA's	-16.93	311	.000 (2-tailed)

According to Best and Kahn (1986), the correlation between self-reported and actual GPA's in this study is statistically "high" to "very high" (p. 40); however, the t-test shows a significant difference between the means of the GPA's as well. Thus, the participants may have inflated their GPA's to make themselves look better academically for this study.

Question 2: Is there a significant correlation between the self-reported age alcohol was first used and (a) ACT scores and/or (b) GPA's?

Over half (58%) of the participants in this study indicated that they started drinking alcohol between the ages of 14 and 17. Table 8 provides the data related to the age at which alcohol was first used and the actual ACT score of each participant in this study.

Table 8

Participant's Age Alcohol First Used and ACT Score

ACT	Never	-10	10-11	12-13	14-15	16-17	18-25	26+
<hr/>								
01-16	6	4	1	2	11	14	12	0
17-25	11	9	8	22	66	69	41	1
26-30	2	3	0	4	17	10	9	0
31-36	1	1	0	0	0	1	0	0

$r = -.01$

Using the Pearson product-moment coefficient (r), a negative correlation was found between ACT scores and the age at which alcohol was first used among the participants in this study.

Table 9 provides the data related to the age at which alcohol was first used and the actual GPA's of each participant in this study.

Table 9

Participant's Age Alcohol First Used and GPA

GPA	Never	-10	10-11	12-13	14-15	16-17	18-25	26+
0.5	0	0	0	0	2	1	0	0
1.0	0	0	0	1	1	2	1	0
1.5	6	4	0	2	12	3	5	0
2.0	0	1	4	3	14	19	11	1
2.5	2	4	2	11	24	15	13	0
3.0	8	4	2	10	24	31	18	0
3.5	4	4	1	1	17	22	14	0
4.0	0	0	0	0	0	1	0	0

$r = .06$

The correlation between the age alcohol was first used and the GPA's of the participants in this study was found to be "negotiable," (Best & Kahn, 1986).

Table 10 provides the data from the survey related to the frequency of poor test performances, missed classes and memory losses occurring at least once during the past year due to the use of alcohol or drugs.

Table 10

Participant's Academic Performance and Frequency of
Alcohol/Drug Use

Frequency	Poor Test %	Miss Class %	Mem Loss %
Never	65.5	54.5	62.5
Once	12.9	10.8	14.2
Twice	7.4	8.6	7.7
3-5 Times	9.8	14.2	6.8
6-9 Times	2.5	4.6	3.1
10+ Times	1.2	2.8	2.5
Missing	.6	4.6	3.4

While no significance was found between the participant's academic performance and the frequency of their alcohol or drug use, the results do show that 34.5% of the respondents reportedly performed poorly on a test, 45.5% missed a class, and 37.5% had a memory loss at least once during the last year due to alcohol or drug use.

Question 3: Is there a significant correlation between the self-reported frequency of binge drinking over the last two weeks prior to the survey and the GPA's, frequency of poor test performances, missed classes, and memory losses of the participants?

The answer to question three was determined by both the Pearson product-moment coefficient (r) of correlation and the chi-square test of the data obtained from the survey. The results are listed in Tables 11 and 12.

Table 11

Correlation (r) Between Binge Drinking and Academics

Variables	r	Significance
Binge Drinking & GPA	-.09	
Binge Drinking & Poor Tests	.52	.01 (2-Tailed)
Binge Drinking & Missed Classes	.54	.01 (2-Tailed)
Binge Drinking & Memory Losses	.46	.01 (2-Tailed)

Table 12

Relationship (Chi-square) Between Binge Drinking and
Academics

Variables	Value	DF	Signif
Binge Drinking & GPA	34.35	35	.49907
Binge Drinking & Poor Tests	135.70	25	.00000
Binge Drinking & Missed Class	138.71	25	.00000
Binge Drinking & Memory Loss	142.12	25	.00000

The correlation between reported frequency of binges among the participants of this study and the frequency of poor test performances, missed classes, and memory losses was "moderate," and a negative correlation was found between binge drinking and GPA's (Best & Kahn, 1986).

The data related to question three are listed in Tables 13-17.

Table 13

Participant's Frequency of Binge Drinking Over the
Last Two Weeks (n = 322)

None	Once	Twice	3-5 Times	6-9 Times	10+ Times
49%	18%	15%	12%	1%	4%

Table 14

Participant's Binge Drinking and GPA (N = 322)

GPA	Binge Frequency					
	None	Once	Twice	3-5	6-9	10+
0.5	2	1	0	0	0	0
1.0	2	0	1	1	0	1
1.5	19	5	0	5	0	3
2.0	21	12	9	6	1	3
2.5	33	12	10	11	1	4
3.0	47	19	17	10	2	1
3.5	35	10	11	6	0	0
4.0	0	0	0	1	0	0

p < .49907

Table 15

Participant's Binge Drinking and Poor Tests (n = 320)

Poor Tests	Binge Frequency					
	None	Once	Twice	3-5	6-9	10+
Never	136	37	23	13	0	1
Once	12	12	8	9	1	0
Twice	4	4	5	8	2	1
3-5	4	5	9	7	1	6
6-9	1	1	2	3	0	1
10+	1	0	1	0	0	2

p < .01

Table 16

Participant's Binge Drinking and Missed Classes(n = 309)

Missed Classes	Binge Frequency					
	None	Once	Twice	3-5	6-9	10+
Never	127	24	17	6	0	2
Once	9	12	4	7	1	2
Twice	6	9	6	6	0	1
3-5	9	7	13	14	1	2
6-9	1	3	3	6	1	1
10+	0	0	5	1	1	2

p < .01

Table 17

Participant's Binge Drinking and Memory Losses
(n = 312)

Memory Losses	Binge Frequency					
	None	Once	Twice	3-5	6-9	10+
Never	127	30	22	18	2	2
Once	15	12	9	8	1	1
Twice	3	13	3	5	0	1
3-5	5	1	9	6	0	1
6-9	1	2	3	2	0	2
10+	0	0	2	1	1	4

p < .01

Question 4: Is there a significant correlation between the self-reported frequency of alcohol use and the GPA's, frequency of poor test performances, missed classes, and memory losses of the participants?

The correlations between reported frequencies of drinking alcohol over the last year and frequencies of poor test performances, classes missed and memory losses among the students who participated in this

study were again moderate. The correlation between the frequency of alcohol use and GPA's was negligible. Tables 18 and 19 list the correlations and levels of significance for each of these variables.

Table 18

Correlation (r) Between the Frequency of Alcohol Use and Academics

Variables	r	Significance
Freq of Alcohol Use & GPA	.05	
Freq of Alcohol Use & Poor Tests	.46	.01 (2-tailed)
Freq of Alcohol Use & Miss Class	.55	.01 (2-tailed)
Freq of Alcohol Use & Mem Loss	.44	.01 (2-tailed)

Table 19

Relationship (Chi-square) Between the Frequency of
Alcohol Use and Academics

Variables	Value	DF	Signif
Freq of Alcohol Use & GPA	71.79	56	.07597
Freq of Alcohol Use & Poor Tests	65.55	56	.00000
Freq of Alc Use & Miss Class	161.65	40	.00000
Freq of Alc Use & Memory Loss	118.77	40	.00000

The data related to question four are listed in
 Tables 20-24.

Table 20

Participant's Frequency of Alcohol Use and GPA(n = 320)

GPA	N	1/Y	6/Y	1/M	2/M	1/W	3/W	5/W	D
0.5	0	2	0	0	1	0	0	0	0
1.0	1	1	0	1	0	2	0	0	0
1.5	6	2	6	2	4	4	7	1	0
2.0	2	4	6	6	10	15	5	2	0
2.5	4	1	8	8	14	16	14	3	2
3.0	11	9	7	8	17	34	10	0	0
3.5	5	2	8	10	14	18	4	1	1
4.0	0	0	0	0	0	0	1	0	0

p < .07597

Note. N = never; Y = year; M = month; W = week;

D = daily.

Table 21

Participant's Frequency of Alcohol Use and Poor Tests
(n = 320)

Poor Tests	N	1/Y	6/Y	1/M	2/M	1/W	3/W	5/W	D
Never	29	20	30	32	42	44	12	2	0
Once	0	1	4	1	8	20	6	0	2
Twice	0	0	0	1	5	8	9	1	0
3-5	0	0	0	1	4	14	10	2	0
6-9	0	0	0	0	1	2	4	0	1
10+	0	0	1	0	0	1	0	2	0

$p < .01$

Note. N = never; Y = year; M = month; W = week;

D = daily.

Table 22

Participant's Frequency of Alcohol Use and Missed
Classes (n = 307)

Missed Classes	N	1/Y	6/Y	1/M	2/M	1/W	3/W	5/W	D
<hr/>									
Never	29	19	27	31	29	33	4	2	1
Once	0	1	3	0	12	11	7	1	0
Twice	0	0	2	1	7	13	4	0	1
3-5	0	0	0	2	6	20	16	1	0
6-9	0	0	0	0	2	6	6	1	0
10+	0	0	0	0	0	3	3	2	1

$p < .01$

Note. N = never; Y = year; M = month; W = week;

D = daily.

Table 23

Participant's Frequency of Alcohol Use and Memory
Losses (n = 311)

Memory Losses	N	1/Y	6/Y	1/M	2/M	1/W	3/W	5/W	D
<hr/>									
Never	28	19	27	29	39	39	17	1	1
Once	0	1	4	3	12	19	6	0	1
Twice	0	0	0	1	5	15	2	2	0
3-5	0	0	2	0	1	8	9	1	1
6-9	0	0	0	1	1	3	3	2	0
10+	0	0	0	0	0	3	4	1	0

$p < .01$

Note. N = never; Y = year; M = month; W = week;

D = daily.

Table 24

Participant's Frequency of Alcohol Use Within the Last Year (n = 320)

N	1/Y	6/Y	1/M	2/M	1/W	3/W	5/W	D
8.9%	6.5%	10.8%	10.8%	18.5%	27.4%	12.6%	2.2%	.9%

Note. N = never; Y = year; M = month; W = week;
D = daily.

Question 5: Is there a significant correlation between the self-reported amounts of alcohol consumed/week and the GPA's, frequency of poor test performances, missed classes, and memory losses of the participants?

A negative correlation was found between the reported number of drinks consumed per week and GPA's. However the correlations between the frequency of poor tests, missed classes and memory losses were again all in the moderate range for this question. The correlations and levels of significance for each of the variables are listed in Tables 25 and 26.

Table 25

Correlation (r) Between Drinks Consumed/Week and
Academics

Variables	r	Significance
Consumption/Week & GPA	-.09	
Consumption/Week & Poor Tests	.52	.01 (2-tailed)
Consumption/Week & Missed Classes	.49	.01 (2-tailed)
Consumption/Week & Memory Losses	.44	.01 (2-tailed)

Table 26

Relationship (Chi-square) Between Drinks Consumed/Week
and Academics

Variables	Value	DF	Signif
Consumption/Week & GPA	219.22	154	.00044
Consumption/Week & Poor Tests	336.68	110	.00000
Consumption/Week & Missed Classes	328.67	110	.00000
Consumption/Week & Memory Losses	264.92	110	.00000

Tables 27-31 contain the overall data related to question number five.

Table 27

Participant's Average Number of Drinks Consumed/Week(n = 324)

Number	Frequency	Percent
0	107	33.0
1	41	12.7
2	29	9.0
3-5	67	20.7
6-9	27	8.3
10-15	28	8.6
16-20	15	4.6
21-25	1	.3
26-35	3	.9
36-45	2	.6
46-50	4	1.2

Table 28

Participant's Drinks Consumed/Week and GPA (n = 324)

GPA	0	1-5	6-10	11-15	16-20	21-25	26-30	36-40	41-45	46
0.5	2	1	0	0	0	0	0	0	0	0
1.0	2	2	0	1	0	0	0	0	0	0
1.5	19	7	0	1	1	1	0	1	0	2
2.0	17	22	9	2	2	0	0	0	0	1
2.5	18	30	6	4	9	0	1	0	1	1
3.0	32	41	17	3	3	0	1	0	0	0
3.5	17	34	10	1	0	0	1	0	0	0
4.0	0	0	0	1	0	0	0	0	0	0

p < .00044

Table 29

Participant's Drinks Consumed/Week and Poor Tests(n = 322)

Drinks	Poor Test Frequency					
	Never	Once	Twice	3-5	6-9	10+
None	97	5	3	1	0	1
01-05	94	19	10	11	1	0
06-10	15	11	5	7	3	1
11-15	4	2	1	4	2	0
16-20	1	5	2	6	1	0
21-25	0	0	0	1	0	0
26-30	2	0	0	0	1	0
36-40	0	0	1	0	0	0
41-45	0	0	0	1	0	0
46-50	0	0	1	1	0	2

p < .01

Table 30

Participant's Drinks Consumed/Week and Missed Classes
(n = 308)

Drinks	Missed Classes Frequency					
	Never	Once	Twice	3-5	6-9	10+
None	89	8	2	3	0	0
01-05	74	15	17	16	6	1
06-10	9	8	7	13	2	2
11-15	2	0	1	7	2	1
16-20	2	1	1	6	2	3
21-25	0	0	0	1	0	0
26-30	1	1	0	0	0	0
36-40	0	0	0	0	1	0
41-45	0	0	0	0	1	0
46-50	0	2	0	0	0	2

p < .01

Table 31

Participant's Drinks Consumed/Week and Memory Losses
(n = 313)

Drinks	Memory Losses Frequency					
	Never	Once	Twice	3-5	6-9	10+
None	92	8	1	0	1	0
01-05	84	22	13	10	2	0
06-10	13	10	5	8	4	2
11-15	6	1	3	2	1	0
16-20	5	4	2	0	0	4
21-25	0	0	0	1	0	0
26-30	1	1	0	0	0	1
36-40	1	0	0	0	0	0
41-45	0	0	0	0	1	0
46-50	0	0	1	0	1	1

p < .01

Chapter 5

Discussion

Summary

The consumption of alcohol continues to be a very serious problem among college students across the country. According to a report from the Department of Health and Human Services Office of Inspector General (1992), college administrators who were surveyed nationwide estimated that 69% of residence hall damage, 34% of academic problems, and 25% of dropouts can be attributed to alcohol use.

The purpose of this study was to determine the relationship between self-reported alcohol consumption and academic performance among students living on-campus at Midland Lutheran College. Of the 473 students in residence at the end of the spring semester of 1992, 69% agreed to participate in a drug and alcohol survey during their final floor meeting of the semester. The RA's in each hall helped with the administration of the survey and witnessed each student's participation in the event.

Actual college GPA's and ACT scores were used as variables in this study along with the following self-reported academically related items selected from the Core Instrument: performed poorly on a test or

important project; missed a class; and had a memory loss. The alcohol related variables used were: self-reported age alcohol was first used; frequency of binge drinking over the last two weeks; frequency of alcohol use; and amount of alcohol consumed per week.

From an analysis of the overall survey data, the null hypothesis of this study can be rejected at the $p < .01$ level of significance in 10 of the 15 sub-questions asked. Therefore, several conclusions can be made from this study and the general findings of the survey itself.

Conclusions

The majority of the students who participated in the survey were white (89%), females (53%), and freshmen (45%). It is perceived that most of the students at Midland drink alcohol, and 70% of the students surveyed thought alcohol use at parties increased their enjoyment and often lead to positive situations. However, when asked about the availability of other drugs, 89% said they would not want them at parties. Thus, alcohol is both socially acceptable as well as the clear drug of choice among students in residence at Midland Lutheran College.

While the majority of the students indicated they drank off-campus, 49% said they also drank on-campus

in the residence halls. This is consistent with the results of a state-wide study of four-year colleges and universities in Nebraska by Davis and Hunnicutt (1991) which found 47% of those surveyed had used alcohol in a residence hall. Tryon (1992) also reported the residence halls as the second most popular place to drink; however, only 19% reported doing so in her study.

Only 7% of the students in this study indicated they never used alcohol at all. This figure is also very close to the results of the 1991 study by Davis and Hunnicutt which found 5.7%/6.4% of the males/females under 21 enrolled in four-year institutions of higher education in Nebraska had never used alcohol.

The students surveyed were well aware of Midland's drug and alcohol policy. However, about one-half were not aware of the college's drug and alcohol prevention program, and 86% said they were not actively involved in any such efforts personally.

The answers to the questions directly related to the hypothesis of this study are as follows:

1. There is a significant correlation between self-reported GPA's and actual GPA's ($r = .84$). Valiga (1986) also found a high correlation (.87) between self-reported grades and transcript grades in

a study of 1100 high school students who had registered for an ACT Assessment. The results of a t-test ($t = -16.93$), however, found a significant difference in the means of the GPA's.

2. There is no significant correlation between the self-reported age alcohol was first used and ACT scores ($r = -.01$).

3. There is no significant correlation between the self-reported age alcohol was first used and GPA's ($r = .06$). Gonzalez (1989), however, has found that early onset of drinking can be used as a significant predictor of alcohol consumption and alcohol related problems in college.

4. There is no significant correlation between the self-reported frequency of binge drinking and GPA's ($r = -.09$).

5. There is a significant correlation between the self-reported frequency of binge drinking and poor tests ($r = .52$); missed classes ($r = .54$); and memory losses ($r = .46$).

6. There is no significant correlation between the self-reported frequency of alcohol use and GPA's ($r = .05$).

7. There is a significant correlation between the self-reported frequency of alcohol use and poor

tests ($r = .46$); missed classes ($r = .55$); memory losses ($r = .44$).

8. There is no significant correlation between the self-reported amounts of alcohol consumed per week and GPA's ($r = -.09$).

9. There is a significant correlation between the self-reported amounts of alcohol consumed per week and poor tests ($r = .52$); missed classes ($r = .49$); and memory losses ($r = .44$).

Although unable to detect correlations with alcohol and academics overall, it does not mean that this issue does not continue to represent a specific area of concern. This study has established a new drug and alcohol data base that can be used as the basis for more sensitive data analysis in the immediate future.

Recommendations

The data gathered and presented in this study will be very useful in developing a more comprehensive results oriented approach to programming, which impacts both the "environment and the individual student" (Gonzalez, 1991). As a residential campus, we need to become more aware of the differences between the students who live in the residence halls and those who live off-campus. One of the major

differences is that the students who live on-campus tend to participate in more social activities, such as dating, parties, smoking and drinking (Blimling & Miltenberger, 1990). In a special report by the Carnegie Foundation (1990), it was noted that undergraduates often go off-campus to drink when college rules are tightened however.

As noted by Davis and Hunnicutt (1991), the enforcement and education of alcohol policies are both primary concerns related to the prevention of alcohol abuse among college students, as policies alone will do little to change our student's drinking behaviors. Therefore, based upon the results of this study, this researcher recommends the following actions be taken:

1. Conduct a random survey with off-campus and on-campus students to get a more complete picture of the drug and alcohol problem at Midland.
2. Conduct follow-up interviews with the students who participated in this study to determine specific reasons why they do or do not drink alcohol.
3. Conduct a long-range study involving the freshmen who participated in this study to assess their use of alcohol and academic progress through graduation.

4. Interview students who are academic casualties.

5. Look further into the correlations considered in this study for relationships that may exist between the different sub-groups, such as gender, ethnic background, and class standing.

6. Identify the power holders on-campus, including student leaders, faculty, staff, and administration, and assess their position on drug and alcohol issues.

7. Implement an educational workshop for faculty, staff and administrators to promote their direct involvement and support in changing the norms related to alcohol use on and off-campus.

8. Train academic advisors on the signs, symptoms and intervention techniques related to alcohol abuse, and encourage more academic check-ups to see how students are doing.

9. Co-sponsor a workshop with the Career Resource Center to educate students about changing attitudes in the job market among today's employers regarding alcohol use and/or abuse in the workplace.

10. Review and assess current drug and alcohol prevention programming efforts and campus resources.

11. Implement an intervention/academic jeopardy policy for students who come to class with a hangover.

12. Work with the identified leaders on-campus to develop new and/or expanded programming activities that can effectively meet the current social needs of students without the need for alcohol, and provide academic incentives for those who are alcohol free.

13. Evaluate both current and new programming efforts related to the prevention of alcohol usage.

14. Work with high school administrators and guidance counselors, and focus efforts on incoming freshmen, especially those identified as high risk students.

15. Provide continued education for parents and members of the college community to dispel myths and create more sophisticated consumers of alcohol products.

To accomplish these recommendations, this researcher has already made the following two proposals for next year to the Dean of Students and the Midland Faculty Executive Committee: first, a standing Residence Life Committee, made up of faculty, staff and student leaders needs to be developed to work on important issues such as this one; and second, this researcher, as the Director of Residence Life,

needs to become a member of the Committee on Student Development, which is responsible for overseeing the current Midland drug and alcohol policy. The proposed duties and membership of the Residence Life Committee can be found in appendix D.

The academic future and career of each student who continues to drink alcohol is at risk if specific pro-active actions are not taken now to educate the entire campus community about the issues related to alcohol use and/or abuse. An increased awareness of short-term impairment issues as well as the more pressing health and safety issues of today concerning the number of mortality and morbidity incidents related to alcohol use needs to occur before the drinking norms can be changed.

Changing a popular behavior is not an easy task, however, this particular task should be considered essential to the mission of the college at all levels from the President to the students themselves. This researcher is committed to seeing this change become a reality at Midland Lutheran College!

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Appendix A

The Core Instrument

Core Instrument

Grantee Group of the Drug Prevention Program

Processed by: UCS/Office of Measurement Services
University of Minnesota
2520 Broadway Drive - Room 130
St. Paul, MN 55113

For official use only:

A 0 1 2 3 4 5 6 7 8 9
B 0 1 2 3 4 5 6 7 8 9
C 0 1 2 3 4 5 6 7 8 9
D 0 1 2 3 4 5 6 7 8 9
E 0 1 2 3 4 5 6 7 8 9

Please use a number 2 pencil.

1. Classification:

Freshman☐
Sophomore☐
Junior☐
Senior☐
Grad/professional ...☐
Not seeking a
degree☐

2. Age:

0	0
1	1
2	2
3	3
4	4
5	5
6	6
7	7
8	8
9	9

3. Ethnic origin:

American Indian/
Alaskan Native☐
Hispanic☐
Asian/Pacific Islander ..☐
White (non-Hispanic) ...☐
Black (non-Hispanic) ...☐
Other☐

4. Marital status:

Single☐
Married☐
Separated☐
Divorced☐
Widowed☐

5. Gender

Male☐
Female☐

6. Is your current residence as a student:

On-campus☐
Off-campus☐

7. Are you working?

Yes, full-time☐
Yes, part-time☐
No☐

9. Approximate cumulative grade average: (choose one)

☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐
A+ A A- B+ B B- C+ C C- D+ D D- F

10. The primary focus of your coursework at the moment: (choose only one)

Regular college courses☐
Basic skills☐
English as a second language☐
Other☐

8. Living arrangement:

(mark all that apply)
Residence hall☐
Approved housing ...☐
Fraternity or sorority ☐
With roommate(s) ...☐
Alone☐
With parent(s)☐
With spouse☐
With children☐
Other☐

11. Student status:

Full-time (12+ credits) .☐
Part-time (1-11 credits)☐

12. Campus situation on alcohol and drugs:

	yes	no	don't know
a. Does your campus have drug and alcohol policies?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. If so, are they enforced?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. Does your campus have a drug and alcohol prevention program?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. Do you believe your campus is concerned about the prevention of drug and alcohol use?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. Are you actively involved in efforts to prevent drug and alcohol use problems on your campus?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

13. Place of permanent residence:

In-state☐
USA, but out of state☐
Country other than USA ☐

14. Think back over the last two weeks. How many times have you had five or more drinks* at a sitting?

None☐
Once☐
Twice☐
3 to 5 times☐
6 to 9 times☐
10 or more times☐

15. Average # of drinks* you consume a week

0	0
1	1
2	2
3	3
4	4
5	5
6	6
7	7
8	8
9	9

16. At what age did you first use... (mark one for each line)

	Never	Under 10	10-11	12-13	14-15	16-17	18-25	26+
a. Tobacco (smoke, chew, snuff)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. Alcohol (beer, wine, liquor)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. Marijuana (pot, hash, hash oil)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. Cocaine (crack, rock, freebase)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. Amphetamines (uppers, speed)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f. Sedatives (downers, ludes)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
g. Hallucinogens (LSD, PCP)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
h. Opiates (heroin, smack, horse)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
i. Inhalants (glue, solvents, gas)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
j. Designer drugs (ecstasy, MDMA)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
k. Steroids	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
l. Other drugs	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

*A drink is a bottle of beer, a glass of wine, a wine cooler, a shot glass of liquor, or a mixed drink.

17. Within the last year about how often have you used...
(mark one for each line)

- | | Never used | Once / year | 6 times / year | Once / month | Twice / month | Once / week | 3 times / week | 5 times / week | Every day |
|------------------------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| a. Tobacco (smoke, chew, snuff) | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| b. Alcohol (beer, wine, liquor) | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| c. Marijuana (pot, hash, hash oil) | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| d. Cocaine (crack, rock, freebase) | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| e. Amphetamines (uppers, speed) | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| f. Sedatives (downers, ludes) | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| g. Hallucinogens (LSD, PCP) | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| h. Opiates (heroin, smack, horse) | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| i. Inhalants (glue, solvents, gas) | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| j. Designer drugs (ecstasy, MDMA) | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| k. Steroids | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| l. Other illegal drugs | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

19. Where have you used...
(mark all that apply)

- | | Never used | On campus | Residence hall | Frat/sorority | Off campus | Where you live | In a car | Other |
|------------------------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| a. Tobacco (smoke, chew, snuff) | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| b. Alcohol (beer, wine, liquor) | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| c. Marijuana (pot, hash, hash oil) | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| d. Cocaine (crack, rock, freebase) | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| e. Amphetamines (uppers, speed) | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| f. Sedatives (downers, ludes) | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| g. Hallucinogens (LSD, PCP) | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| h. Opiates (heroin, smack, horse) | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| i. Inhalants (glue, solvents, gas) | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| j. Designer drugs (ecstasy, MDMA) | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| k. Steroids | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| l. Other illegal drugs | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

21. Have any of your family had alcohol or other drug problems: (mark all that apply)

- | | |
|--|--|
| <input type="radio"/> Mother | <input type="radio"/> Mother's parents |
| <input type="radio"/> Father | <input type="radio"/> Father's parents |
| <input type="radio"/> Stepmother | <input type="radio"/> Aunts/uncles |
| <input type="radio"/> Stepfather | <input type="radio"/> Spouse |
| <input type="radio"/> Brothers/sisters | <input type="radio"/> Children |

22. Some students have indicated that alcohol or drug use at parties they attend in and around campus reduces their enjoyment, often leads to negative situations, and, therefore, they would rather not have alcohol and drugs available and used. Other students have indicated that alcohol and drug use at parties increases their enjoyment, often leads to positive situations, and, therefore, they would rather have alcohol and drugs available and used. Which of these is closest to your own view?

- | | Have available | Not have available |
|-------------------------|-----------------------|-----------------------|
| With regard to drugs? | <input type="radio"/> | <input type="radio"/> |
| With regard to alcohol? | <input type="radio"/> | <input type="radio"/> |

18. How many of the students on your campus do you think use...
(mark one for each line)

- | | None | A few | Several | Many | Most | All |
|------------------------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| a. Tobacco (smoke, chew, snuff) | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| b. Alcohol (beer, wine, liquor) | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| c. Marijuana (pot, hash, hash oil) | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| d. Cocaine (crack, rock, freebase) | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| e. Amphetamines (uppers, speed) | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| f. Sedatives (downers, ludes) | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| g. Hallucinogens (LSD, PCP) | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| h. Opiates (heroin, smack, horse) | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| i. Inhalants (glue, solvents, gas) | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| j. Designer drugs (ecstasy, MDMA) | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| k. Steroids | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| l. Other illegal drugs | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

20. Please indicate how often you have experienced the following due to your drinking or drug use during the last year...
(mark one for each line)

- | | Never | Once | Twice | 3-5 times | 6-9 times | 10 or more times |
|--|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| a. Had a hangover | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| b. Performed poorly on a test or important project | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| c. Been in trouble with police, residence hall, or other college authorities | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| d. Damaged property, pulled fire alarm, etc. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| e. Got into an argument or a fight ... | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| f. Got nauseated or vomited | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| g. Driven a car while under the influence | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| h. Missed a class | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| i. Been criticized by someone I know | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| j. Thought I might have a drinking or other drug problem..... | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| k. Had a memory loss | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| l. Done something I later regretted .. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| m. Been arrested for DWI/DUI..... | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| n. Have been taken advantage of sexually or have taken advantage of another sexually | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| o. Tried unsuccessfully to stop using | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| p. Thought about or tried to commit suicide | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| q. Been hurt or injured | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

Appendix B

The RA Floor Meetings Schedule

**RA
FLOOR MEETINGS SCHEDULE**

APRIL

<u>DAY</u>	<u>TIME</u>	<u>RA/PLACE</u>
WED 22nd	8 pm	Brett Karnik/A-1
	9 pm	Geof Rau/G-5
	10 pm	Larry Beukenhorst/G-4
THUR 23rd	8 pm	Karen Thomsen/G-1
	9 pm	Mitch I. & Tom M./M-3
	10:30 pm	Gary R. & Andy T./M-2
SUN 26th	10 pm	Mike Sufficool/G-3
MON 27th	9:30 pm	Sonja Schopen/B-1w
TUE 28th	9 pm	Theresa Brauer/B-3e
	10:30 pm	Al Gartzke/M-1
WED 29th	6:30 pm	TaTa Kelly/C-2
	8 pm	Margaret Cowan/A-2
	10 pm	Becky Keilig/C-1
THUR 30th	8:30 pm	Jodi Daro/B-2w

MAY

SUN 3rd	9 pm	Brenda Meier/C-3
MON 4th	6 pm	Theresa McGuinness/B-Ge
	9:30 pm	Dena Riddle/B-1e
	10 pm	Michele Skokan/B-2e
TUE 5th	9 pm	Jackie Allen/G-2
WED 6th	9:30 pm	Mary Hink/B-Gw
THUR 7th	9 pm	Susan Severa/B-3w

Appendix C

The Informed Consent Form

Midland Lutheran College



Fremont, Nebraska 68025 • (402) 721-5480
Fax (402) 721-0250

Student Survey of Drug, Alcohol and Tobacco Use, Perceptions and Related Knowledge at Midland Lutheran College

INVITATION TO PARTICIPATE

You are invited to participate in an **anonymous** survey of drug, alcohol and tobacco use by full-time students at Midland.

BASIS FOR SUBJECT SELECTION

You were selected as a potential subject through your current enrollment and residential status as a student at Midland.

PURPOSE OF THE STUDY

The purpose of this study is two fold: first, this study will be used to assess the current use, perceptions and knowledge of drugs, alcohol and tobacco by students at Midland; second, this study will be used to assess whether or not there is a significant correlation between academic performance and the use of such substances.

PROCEDURES

The survey will take approximately 15 minutes to complete. You will be asked to read and respond **anonymously** to 86 questions on a computer scan sheet during a floor meeting within your residence hall.

RISKS

There are very minimal risks involved in completing this survey. You will, however, be asked about the use of illegal substances which may result in unpleasant memories or other concerns.

BENEFITS

The results of this study may help you and other Midland students learn about and avoid the use of these substances.

CONFIDENTIALITY

While your current GPA and ACT composite score have been encoded on your scan sheet to meet the statistical needs of this study, **the responses to this survey will not be identifiable by name.** Your name will only be identifiable with this consent form, which will be collected separately from the scan sheet.

OPTION TO WITHDRAW

Participation is voluntary. If you decide to participate, you are free to withdraw at any time without consequence.

QUESTIONS

If you have any questions, please do not hesitate to ask the investigator now or later at ext. 6410.

SIGNATURES

Having read the above information, I am voluntarily deciding to participate in this study. I understand the potential risks and benefits related to this study, and I am aware that I will receive a copy of this consent form.

Subject's Signature: _____ Date: _____

As a witness, I certify that the subject signed this consent form in my presence as his/her own voluntary act and deed.

Witness' Signature: _____ Date: _____

In my judgement, the subject is voluntarily and knowingly giving informed consent and possesses the legal capacity to give such to participate in this research study.

Investigator's Signature: _____ Date: _____

Appendix D

The Proposed Residence Life Committee

**PROPOSED
RESIDENCE LIFE COMMITTEE
MIDLAND LUTHERAN COLLEGE**

MEMBERSHIP: Director of Residence Life, Chair
Assistant Director of Residence Life, Secretary
1 Male Resident Assistant Council Rep*
1 Female Resident Assistant Council Rep*
Residence Hall Appeals Board President*
Men's Residence Halls Student Senate Rep*
Women's Residence Halls Student Senate Rep*
1 Food Service Rep (Brian or Trish)
1 Physical Plant Rep (Dave, Jean or Marian)
1 Business Office Rep (Eileen)
1 Male Faculty Rep**
1 Female Faculty Rep**

* Elected members

** Recommend 1 of the faculty reps be selected from the Assessment Committee

PURPOSE:

1. Assess the physical needs of the students living on-campus, i.e. security, food, facilities and maintenance/housekeeping.
2. Assess current Housing policies and procedures as listed in the Residence Life Handbook for clarity, consistency and fairness.
3. Review and set calendar dates for hall openings and closings each semester.
4. Serve as an appeal body to the Residence Hall Appeals Board.
5. Relate to the Committee On Student Development.

MEETINGS: Monthly